



# MAGNOLIA BLUFFS

CASINO HOTEL

## W2-G Request Form

Customer Account#: \_\_\_\_\_ SSN# \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_

Delivery method: Please circle one

Mail      Pick-Up      Fax# \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attach a copy of patron's license/ID and forward to the Accounting Office. Please allow 72 hours to retrieve/deliver requested documents. Thank You!